

D.I. # _____

**CIVIL ACTION
NUMBER:** _____

07cv835

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>MEZ</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">WARDEN PERRY PHELPS DELAWARE CORRECTIONAL CENTER 1181 PADDOCK ROAD SMYRNA DE 19977</p>		<p>B. Received by (Printed Name) <i>M. LAMON</i></p> <p>C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <i>07cv835 JJF</i></p> <p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7005 1820 0004 3169 6329</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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 2008 MAY 21 PM 3:45
 FILED
 CLERK, U.S. DISTRICT COURT
 DISTRICT OF DELAWARE